

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83564183

GENERATOR NAME AND MAILING ADDRESS

SILICON GENERAL
11651 MONARCH ST.
GARDEN GROVE, CA.

AREA CODE/PHONE NUMBER

714/892-5531

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD047781203

TRANSPORTER NO 1

OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH /CONTAINER NO

EPA ID NUMBER

00042507

CAD042245001

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH /CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/698-0991

CAD042245001

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

HAZARDOUS WASTE, LIQUID N.O.S- ORM-E
(MICROSTRIP)

NA9189

1110

G

101201M

21101

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

MICROSTRIP (HUNT CHEMICAL)

100%

100%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

MANN VAZ

Printed or typed full name and signature

Manny Vaz

MO

10

DAY

17

YR

84

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

TIM BALTIERA

Printed or typed full name and signature

Tim Baltierra

DATE
REC'D
&
ACCEPTED

MO

10

DAY

17

YR

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

10

DAY

17

YR

84

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above Note TSD must complete waste number See instructions

STEVE SIMPSON

Printed or typed full name and signature

EPA ID NUMBER

CAD042245001

DATE RECEIVED & ACCEPTED

MO

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DAY

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YR

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